ARIZONA STATE BOARD OF HEALTH State File No BUREAU OF VITAL STATISTICS CE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH c27. 2 istrict or Township No.____(If birth occurred in a hospital or institution, give its NAME instead of street and number) City. If child is not yet named, make supplemental report, as directed. 2. Full name of child. 4. Twin, triplet or oth 3. Sex of Child To be answered ONL) in event of plural Month Ďay Year 5. No., in order of birth births. FATHER 14. . . Full malden nan Juli name 15 Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and 16 Color or race 17. Age at last birthday 11. Age at last birthday. (Years) 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 21. Were precautions taken against oph-thalma reonatorum? 20. Number of children of this mother... (a) Born alive and now living (b) Born alive but now dead. (Taken as of time of birth of child herein (c) Stillborn... certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* m. on the date above stated I hereby certify that I attended the birth of this child, who was *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature (Physician or midwife) Given name added from Address i supplemental report. Month, day, year Filed. Registrar Registrar

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